



Building Department

1979 W 1900 S

Syracuse UT, 84075

Phone: (801) 614-9670

Website: syracuseut.com

Fuel Gas Clearance Report

GENERAL CONTRACTOR/OWNER INFORMATION:

Installer's Name: _____ Business Phone #: _____

Address: _____ Lot/Unit #: _____

Subdivision: _____ Permit #: _____

List of Equipment/Appliances:

Furnace(s)	_____	BTU's
Water Heater(s)	_____	BTU's
Dryers	_____	BTU's
Barbecue(s)	_____	BTU's
Range/Cook Top(s)	_____	BTU's
Fireplace(s)	_____	BTU's
Boiler(s)	_____	BTU's
Misc. Equip.	_____	BTU's

FUEL LINE SIZE: _____

PRESSURE:

4 OZ. ☐ 2 LB. ☐ OTHER: _____

TOTAL EQUIPMENT _____ BTU's

MECHANICAL CONTRACTOR INFORMATION:

Installer's Name: _____ Business Phone #: _____

RMGA Card #: _____

I hereby certify that the entire mechanical fuel-line system for the structure located at the address listed above has been sized and pressure tested in accordance with the applicable codes currently adopted by the State of Utah.

Printed Name of Certifying Individual: _____ Date _____

Signature of Certifying Individual: _____

Note: Only agencies/individuals pre-approved by Syracuse City shall be recognized to certify the sizing and pressure testing of any residential or commercial mechanical fuel-line system located within Syracuse City Limits.

**CLEARANCE WILL BE REJECTED FOR FAILURE TO COMPLETE
ANY OF THE INFORMATION REQUESTED ABOVE.**

TO BE COMPLETED BY BUILDING INSPECTOR ONLY

METER INSTALLATION

APPROVED

☐

DENIED ☐

(Building Inspector: Signature)

(Date month/day/year)